

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>00/908985</i>	FILING DATE
APPLICANT(S)	

b-7-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		X			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12	/	N	/			
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26	/		/			
27	/		/			
28	V*	/	/			
29	/		/			
30	/		/			
31	/		/			
32	/		/			
33	/		X			
34	/		/			
35	/		/			
36	/		/			
37	/		/			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	/		X			
43	/		X			
44	/		X			
45	/		X			
46	/		X			
47	/		X			
48	/		X			
49	/		X			
50	/		X			
TOTAL IND.	13		10			
TOTAL DEP.	37	-	30	-		
TOTAL CLAIMS	50		40			

*	*	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1			
52		1			
53					
54					
55					
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57					
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59					
60					
61					
62					
63					
64					
65					
66			1		
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY